

Residents of the 3rd Congressional District of New Mexico can contact me for assistance in dealing with Federal agencies. In order to better serve you, this form will generate a printable page that you should sign and mail to my office.

Please include **all** pertinent information and claim numbers in your correspondence-such as:

- Your Social Security number for a case involving Social Security;
- VA claim number for a case with Department of Veterans Affairs;
- Taxpayer identification number (Social Security number, if individual) for an Internal Revenue Service problem, etc.;
- Your address, home phone number and daytime phone number (if different than home) so that we can obtain any additional information from you that might be necessary;
- Copies of any related documents or correspondence that you may have from the agency involved.

Please Note: The Privacy Act of 1974 ([5 U.S.C. § 552a](#)) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case.

We must have your signature

to proceed with this type of request

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Authorization Form

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<!-- /* Font Definitions */ @font-face {font-family:"Cambria Math"; panose-1:2 4
5 3 5 4 6 3 2 4; mso-font-alt:"Calisto MT"; mso-font-charset:0;
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1107304683 0 0 159 0;} @font-face {font-family:Calibri; panose-1:2 15 5 2 2 2 4 3 2 4;
mso-font-alt:"MV Boli"; mso-font-charset:0; mso-generic-font-family:swiss;
mso-font-pitch:variable; mso-font-signature:-1610611985 1073750139 0 0 159 0;} /* Style
Definitions */ p.MsoNormal, li.MsoNormal, div.MsoNormal {mso-style-unhide:no;
mso-style-qformat:yes; mso-style-parent:""; margin:0in; margin-bottom:.0001pt;
mso-pagination:widow-orphan; font-size:11.0pt; font-family:"Calibri","sans-serif";
mso-fareast-font-family:Calibri; mso-fareast-theme-font:minor-latin;
mso-bidi-font-family:"Times New Roman";} .MsoChpDefault {mso-style-type:export-only;
mso-default-props:yes; font-size:10.0pt; mso-ansi-font-size:10.0pt;
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mso-bidi-font-size:10.0pt;} @page Section1 {size:8.5in 11.0in; margin:1.0in 1.0in 1.0in 1.0in; mso-header-margin:.5in; mso-footer-margin:.5in; mso-paper-source:0;} div.Section1 {page:Section1;} --> In accordance with the Privacy Act of 1974, I give Congressman Ben R. Luján and/or members of his staff authority to act on my behalf.

Name

Agency Involved

Agency case number(s) (if there is no case number, indicate "None")

Date of Birth

Social Security Number

Street Address

City, State, Zip Code ,

Telephone No.

Nature of Problem

Print This Form

Use the Generate Request button to produce the document to authorize my office to help you. Then sign it and mail it to the address shown on the document. Please include any other documents or material that you think would help my office help you.